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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional & Anesthetic Discogram with post CT

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Request for IRO 01/05/12

Utilization review determination 09/20/11

Utilization review determination 11/07/11

Request for authorization 09/15/11

Clinical records ANP-C 09/13/11

Behavioral medicine evaluation 09/25/11

MRI lumbar spine 12/09/10

Clinical records Dr. 11/29/10-08/11/11

Procedure report 02/17/11

Procedure report 01/13/11

Physical therapy treatment records various dates

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries result of lifting weights on xx/xx/xx. The claimant subsequently developed low back pain with radiation to the lower extremities with radiation to the right lower extremity. He was referred for MRI of the lumbar spine on 12/09/10, which indicated 3mm central protrusion with mild spondylosis at L4-5 with evidence of a central annular tear and mild neural foraminal narrowing and mild facet disease. At L5-S1 there is a 6mm left paracentral protrusion contacting the left S1 nerve root with mild neural foraminal narrowing and facet disease. Records indicate that the claimant received lumbar epidural steroid injections on 01/13/11. When seen in follow-up on 01/20/11 he was reported to have only had a few days worth of relief. He had bilateral facet blocks at L4-5 and L5-S1 on 02/17/11. He is reported to have had 75% relief from his medial branch block, which lasted for several days. He was referred for evaluation on 08/25/11. On 09/13/11 the claimant was seen by ANPC. The claimant presents with complaints of low

back pain and right thigh numbness. The claimant is noted to have undergone extensive conservative treatment without improvement. It is reported he was offered disc replacement surgery at L5-S1 by Dr. for preoperative clearance. The claimant was recommended to undergo discography at L4-5 and L5-S1. Current medications include Tramadol 50 mg 4 times a week, Naproxen 500 mg 5 tablets per week, Acetaminophen with Codeine 2 times a week and Tizanidine once a week. On physical examination range of motion is reduced. He has lumbar paraspinal tenderness at L4-5 and L5-S1 especially on the right. Reflexes are 2+ at knees and symmetrical at ankles. There is some hypoesthesia in left thigh. Straight leg raise is negative. He is able to heel/toe walk.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This man sustained injuries as result of lifting weights at work. He has undergone extensive conservative treatment and is reported to have low back pain with right lower extremity radiculopathy. His initial imaging study dated 12/09/10 indicates left paracentral disc protrusion with contact of left S1 nerve root not consistent with claimant's subjective complaints. He had lumbar epidural steroid injection for radiculopathy, which is relative contraindication for performance of single level lumbar artificial disc replacement. Additionally, the claimant was then treated for posterior element disease with facet injections, medial branch blocks, and ultimately a rhizotomy. Again, the finding of posterior element disease would be relative contraindication to performance of L5-S1 artificial disc replacement. It is noted the claimant was cleared psychologically for performance of procedure. It is noted ODG does not support use of lumbar discography as isolated indication for performance of surgery. Given lack of correlation between claimant's imaging and noting the proposed treatment plan is lumbar artificial disc, and the record clearly indicates the claimant does not meet FDA inclusion criteria for L5-S1 artificial disc replacement due to posterior element disease and reported history of radiculopathy. The reviewer finds there would be no medical necessity to perform Functional & Anesthetic Discogram with post CT.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)